

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A96000000365	
EPOCH TALLAHASSEE INVESTORS, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 22 PM 12: 48



Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789	Principal Office Address 359 CAROLINA AVENUE WINTER PARK FL 32789	3. Date Formed or Registered 02/23/1996	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/18/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. 	Suite, Apt. #, etc. APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State 	City & State 	6. FEI Number 59-3364832	7. Certificate of Status Desired \$8.75 Additional Fee Required
Zip 	Country 	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SELBY, C. THOMAS 250 INTERNATIONAL PARKWAY, SUITE 226 HEATHROW FL 32746	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) EPOCH TALLAHASSEE CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 INTERNATIONAL PAR	11b. City, State & Zip Code HEATHROW FL 32746	11c. Registration/ Document Number P96000017185
500002305065--6 -09/26/97-01093-002 ****156.25 ****156.25			
KWM			

CR2E003 (6/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

9/9/97